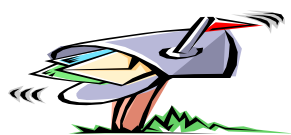


# ENCOUNTER KEYS

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## CODING INSTITUTE REVISIONS

Effective April 2001, the Correct Coding Initiative 7.1 (CCI) revisions require CAT scan codes 72128, 72129 and 72130 to be bundled with thoracic percutaneous vertebroplasty codes 22520 and 22521. Also, the injection procedure code (20550) is now integral to nerve block procedures in the 64400-64450 range.

The CAT scan codes are components of the percutaneous vertebroplasty comprehensive codes. Codes for CAT scan and injection procedures are listed with the superscript identifier "1," which means modifier -59 (distinct procedural service) can be used to bill them separately.

For more information about the CCI 7.1 coding changes affecting CAT scans and injection procedures, please refer to "the May 2001 Neurology Coding Alert." For further information on CCI7.1 coding changes and other neurology coding advice, contact the Coding Institute at 800-508-2582. For specialty coding information visit the Web site at [www.codinginstitute.com](http://www.codinginstitute.com).

## REPORTING AHCCCS COMPUTER PROBLEMS

Between the hours of 8 a.m. and 5 p.m., please report problems related to the FTP server, log on issues, or any other AHCCCS system problems to your Encounter Unit Technical Assistant. If assistance is needed prior to 8 a.m. or after 5 p.m., please contact AHCCCS' Information Division Help Desk, at (602) 417-4451.



"The moon was a  
 ghostly galleon tossed  
 upon cloudy skies."  
 Alfred Noyes

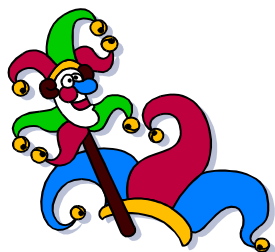
## Dilemmas

For the months of May and June, pending encounters with the following error code conditions are not sanctioned.

A950 – Data Gathering Error.

This edit is due to AHCCCS system enhancements. It is anticipated that most of the encounters currently pending for A950 will be reprocessed during subsequent encounter cycles. Sanctions will be waived on any encounters delayed because of this issue.

S385 – Service Units Exceed Maximum Allowed (pertains only to the 80000 procedure codes).



"The most wasted of all days is that in which we have not laughed."

Sebastien R. N. Chamfort

## AMERICAN MEDICAL ASSOCIATION LAUNCHES CPT-5 PROJECT

The American Medical Association (AMA), creator and publisher of the Current Procedural Terminology (CPT) manual, has structured the CPT-5 Project to improve CPT for physicians, managed care organizations and other payers, as well as researchers. The Project Advisory Group (PAG) of the CPT-5 Project recommended the development of two new code sets: Category II codes for performance measurement and Category III codes for new and emerging technology.

Category II optional codes will be "intended to facilitate data collection by coding certain services and/or test results that contribute to positive health outcomes and quality patient care," according to Michael Beebe, AMA project director. PAG hopes to ease the administrative burden on physicians by standardizing the collection of data for performance measurement and thereby reducing chart reviews.

CPT category III codes are proposed temporary codes for tracking new and emerging service/procedures relevant for research. This category of codes will meet "the needs of researchers for coded data tracking of emerging technology services throughout the research process," Beebe said.

For more information on the CPT's Project, visit [www.mxcity.com/cgi-bin/resource?page=49666](http://www.mxcity.com/cgi-bin/resource?page=49666).

## Quarterly Encounter Meeting

The Quarterly Encounter meeting will be held on Tuesday, July 10th, from 2:00 - 3:30 p.m. in the Gold Room located on the 3rd floor of the 701 East Jefferson building.



## MEDICARE ADVANCE BENEFICIARY NOTICE

The purpose of the Advance Beneficiary Notice (ABN) is to inform Medicare beneficiaries of services not covered by Medicare, enabling them to make informed decisions as to whether or not they want to receive these services.

The new one-page ABN was designed by HCFA to be more easily understood. Doctors recently identified revisions of the form as one of the top-five priority issues to be addressed by HCFA. The notice also asks beneficiaries, healthcare providers and others to send comments (within 30 days) to the Office of Management and Budget (OMB).

The form essentially states: "Medicare does not pay for all of your healthcare costs. Medicare only pays for covered items and services when Medicare rules are met. The fact that Medicare may not pay for a particular item or service does not mean that you should not receive it. There may be good reason your doctor recommended it. Right now, in your case, Medicare will not pay for" . . . (the item or service).

Visit [www.hcfa.gov/news/pr2001/pr010424.htm](http://www.hcfa.gov/news/pr2001/pr010424.htm) for additional information on the ABN form.



## CHANGE FOR HAMMER TOES

The daily limit for procedure code 28285 – Correction, Hammertoe (e.g., interphalangeal fusion) has been changed to one (1).

All additional toes should be billed with the –51 modifier.

## MEDICARE ASC RELEASE

The following codes have been added to the Medicare ASC Fee Schedule with an effective date of January 01, 2001.

ASC Group	Procedure ID	Code	Description
#2	19102		Biopsy of Breast, Percutaneous, Needle Core, Using Imaging Guidance
#2	19103		Biopsy of Breast, Percutaneous, Automated Vacuum Assisted or Rotating Biopsy Device, Using Imaging Guidance
#4	58353		Endometrial Ablation, Thermal, Without Hysteroscopic Guidance
#8	66982		Extracapsular Cataract Removal with Insertion of Intraocular Lens

Effective for July 01, 2001 **G0121 – Level 2 – Colorectal Cancer Screening, Colonoscopy on Individual Not Meeting Criteria for High Risk (Note: G0121 has an AHCCCS Coverage Code of 04 – Not Covered by AHCCCS/Not Available)**

## PANCREAS TRANS- PLANT CODES

The following Pancreas transplant codes are now covered with an effective date of 10/01/1999:

48550 - Donor Pancreaticoduodenectomy, With Preparation And Maintenance, and

48554 - Transplantation of Pancreatic Allograft

## NEW ERROR CODE

### U005 – ATTENDING PROVIDER ID IS IN- VALID OR MISSING

Currently, this error code is set to soft but will be turned on to hard effective October 1, 2001.



"Music was invented to confirm human loneliness."  
Lawrence Durrell

## INCORRECT PROCEDURE MODIFIER PAIRS

Occasionally encounters pend for an incorrect procedure modifier pair. If you have encounters pending for an incorrect pair, review the pair for correctness. Valid procedure modifier pairs may be found on the AHCCCS PMMIS Reference screen RF 122. This screen provides a breakdown of procedure codes and identifies appropriate modifiers to be used with these codes. A definition of valid modifiers may be found on RF114. This information can also be accessed through the FTP server REFER02.zip file.



Below are a few procedure modifier pairs that are incorrect:

00140-AE	36215 – 22 and LT
00750-AE	99050 – 25

**Examples of Definitions of procedure codes and their valid modifiers are shown below:**

### 00140 - Anesthesia for Procedures on Eye; Not Otherwise Specified

GB Distinct Procedural Service	GC Teaching Physician Service
59 Distinct Procedural Service	

### 00750 - Anesthesia for Hernia Repairs in Upper Abdomen; Not Otherwise Specified

GB Distinct Procedural Service	GC Teaching Physician Service
59 Distinct Procedural Service	

### 36215 - Selective Catheter Placement, Arterial System; Each First Order

CC Procedure Code Change	GB Distinct Procedural Service
GC Teaching Physician Service	Z3 Secondary Surgery
50 Bilateral Procedure Multiple Procedure	
59 Distinct Procedural Service	76 Repeat Procedure/Same

### 99050 - Services Requested After Office Hours in Addition to Basic Service

AP No Determination Refractive State	CC Procedure Code Change
GB Distinct Procedural Service	GC Teaching Physician Services
59 Distinct Procedural Services	

## CHANGE TO REFERENCE FILES

Effective July 01, 2001 AHCCCS will add the following record types to the existing file REFER01.ZIP. The change would add Revenue Codes to Bill Types and Revenue Codes to Procedure Code files. If you have any questions or comments, please contact your Technical Assistant.

### Record Type 'H5' layout (Revenue Codes to Bill Types)

80 Column Format

#### Revenue Codes to Bill Types

Data Name	Picture	Actual Position		Remarks
		From	To	
Revenue Code from	X(03)	01	03	
Revenue Code To	X(03)	04	06	
Bill Type From	X(03)	07	09	
Bill Type To	X(03)	10	12	
Error Code	X(04)	13	16	
Revenue 3 <sup>rd</sup> DGT Indicator	X(01)	17	17	'N' or 'Y'
Coverage Indicator	X(01)	18	18	'N' or 'Y'
Units Indicator	X(01)	19	19	'N' or 'Y'
PA Code	X(01)	20	20	
Medicare Review Indicator	X(01)	21	21	'N' or 'Y'
Manual Procedure Indicator	X(01)	22	22	'N' or 'Y'
Procedure Indicator	X(01)	23	23	'R', 'O' or 'N'
Beginning Date of Service	X(08)	24	31	YEARMDD
Ending Date of Service	X(08)	32	39	YEARMDD Open ending if it is equal to 99999999.
Filler	X(39)	40	78	
Record Type	X(02)	79	80	"H5"

**Record Type 'H6' layout (Revenue Codes to Procedure Codes)**

Revenue Codes to Procedure Codes

80 Column Format



Data Name	Picture	Actual Position		Remarks
		From	To	
Revenue Code from	X(03)	01	03	
Revenue Code To	X(03)	04	06	
Procedure From	X(05)	07	11	
Procedure To	X(05)	12	16	
Beginning Date of Service	X(08)	17	24	YEARMMD
Ending Date of Service	X(08)	25	32	YEARMMD Open ending if it is equal to 99999999.
Filler	X(46)	33	78	
Record Type	X(02)	79	80	"H6"

**Modified Record Type 'T9' layout (File Trailer)**

80 Column Format

Tape Trailer (T9)

One Per Tape

Data Name	Picture	Actual Position		Remarks
		From	To	
Filler	X(12)	01	12	
Date Created	X(05)	13	17	YYDDD
Total Records	9(10)	18	27	
Total Procedures	9(06)	28	33	
Total Category of Service Records (Record Type H4)	9(06)	34	39	
<b>Total Revenue Codes to Bill Type Records (Record Type H5).</b>	<b>9(06)</b>	<b>40</b>	<b>45</b>	
<b>Total Revenue Codes to Procedure Codes Records (Record Type H6).</b>	<b>9(06)</b>	<b>46</b>	<b>51</b>	
<b>Filler</b>	<b>X(27)</b>	<b>52</b>	<b>78</b>	
Record Type	X(02)	79	80	"T9"